



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SOUTH BEND SPECIALTY SURGERY CENTER

Street Address: 335 Florence Ave Suite 1B

City: Granger

County: Indiana

Administrator Name: Frances Rodesa Van Vynckt

Administrator Email: rvanvynckt@southbendspecialty.com

ASC Web Address: 335 Florence Ave

Fiscal Year: 2019

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1701	4213
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
69436	559	
64493	232	
30140	208	
64483	206	
64721	176	
62323	169	
31231	148	

42820	121
62321	106
g0260	103

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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